

Commonwealth of Massachusetts
Division of Professional Licensure
BOARD OF STATE EXAMINERS OF ELECTRICIANS
1000 Washington Street Suite 710 • Boston, MA 02118-6100
www.mass.gov/dpl/boards/el
(617)727-9931

**Application for Master Electrician or Systems Contractor
License Certificate for Corporation or LLC**

For Board use

Board Meeting Date _____

Fee Receipt No. _____

Record ID _____

Business Record Information

Business Name					
Fed ID number		Primary Contact Individual		Office title	
Building number	Street address		Po Box		
City			State		Zip Code
Primary Phone Number ()	Mobile Phone Number ()	Email Address		Preferred Communication <input type="checkbox"/> Postal Mail <input type="checkbox"/> Email	

Licensee of Record Information (License will be mailed to Licensee address below)

Last Name		First Name		Middle Initial	Generation
Master/Systems Contractor No.		Date of Birth		Official Officer title	
Building number	Street address (License will be mailed here)			Po Box	
City			State		Zip Code
Primary Phone Number ()	Mobile Phone Number ()	Email Address		Preferred Communication <input type="checkbox"/> Postal Mail <input type="checkbox"/> Email	

I certify, under the pains and penalties of perjury, that the information provided pursuant to this application for the addition of a business entity to my master and/or systems license is complete, truthful, and accurate. I further certify that I have had the opportunity to review and correct the information provided in this application. I understand and agree that I am responsible for this business entity's adherence to the laws and regulations applicable to the electrical and/or systems profession. I understand that any misrepresentation or omission of information contained in this application may be grounds for the Board to deny the application, to suspend, revoke, or impose other disciplinary action against my license(s), and to take such other action as allowed by law.

(Signature of Applicant)

(Date)

1. Is there a business name currently on the license card? ☐ Yes **STOP** ☐ No **GO**

If you answer yes -Submit an application to remove that business name either prior to or with this application. (See instructions)

2. In which other state(s) is the above business operational? _____
- a. If it has been operating in Massachusetts, is there a previous Licensee of Record?
- ☐ Yes **STOP** (License/Licensee Name) _____ **If you answer yes was this licensee already removed from the company by application to the Board?** ☐ Yes ☐ No **If no** -Submit an application to remove this Licensee either prior to or with this application. (See instructions)
- ☐ No **GO** (How long has this company been operating in MA?) _____
3. Are there any complaints against you or this business currently under investigation or being prosecuted by this Board at present? ☐ Yes ☐ No If yes please list Case Docket no(s) _____
4. Are there any open complaints against the licensee of Record with this Board? ☐ Yes ☐ No Status: _____
5. Are there any open complaints against this business currently with the Board? ☐ Yes ☐ No Status: _____
6. Is electrical/systems work the principal work of said business? ☐ Yes ☐ No If no Please describe other aspects of business _____
7. List any licenses or certifications held by the licensee of Record in the United States or any country or foreign jurisdiction and the state/jurisdiction from which the license/certification was originally issued. _____
8. Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction? ☐ Yes ☐ No
- a. If yes, please give details (use a separate sheet if necessary): _____
9. Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any country or foreign jurisdiction? ☐ Yes ☐ No
- a. If yes, please give details (use a separate sheet if necessary): _____
10. Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country if foreign jurisdiction? ☐ Yes ☐ No
- a. If yes, please give details (use a separate sheet if necessary): _____
11. Have you ever been convicted of a felony or misdemeanor in the US or any country or foreign jurisdiction? ☐ Yes ☐ No
- a. Was the conviction prior to being licensed by this Board? ☐ Yes ☐ No **If no submit a separate explanation**
- The Board is certified by the Department of Criminal Justice Information Services [ID# MAREG G] to access data about convictions and pending criminal cases. Those records—and other Federal and professional records—may be checked as part of your licensing process. No records are automatic disqualifiers; otherwise you will be given an opportunity for a limited appearance before the Board.

The Following Information is to be filled out by the Clerk of the Corporation or by an appropriate member of the LLC

The following is a list showing the names and legal addresses of all officers of the previously named company. The principal office or place of business is at

(Number and Street)

(City or Town)

(State)

(Zip Code)

The position of the Licensee of record must be listed and his/her name must appear (no exceptions) on the Secretary of state document as a primary listed officer/member.

President: _____

Manager: _____

Vice President: _____

Manager: _____

Treasurer: _____

Licensee of Record: _____

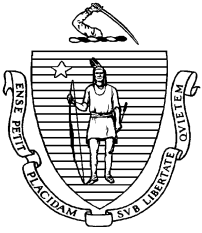
Clerk: _____

Other: _____

As Clerk of the above named corporation, I certify the aforementioned list of officers, to be a true copy of the records in my custody.

(Clerk signature)

Revised 01/17/19



Commonwealth of Massachusetts
Division of Professional Licensure
BOARD OF STATE EXAMINERS OF ELECTRICIANS
1000 Washington Street Suite 710 • Boston, MA 02118-6100
617-727-9931

Instructions

Master or Systems Contractor Corporation or LLC

*** Be advised that LLCs, Partnerships or other business structures may submit a similar item in documentation that serves the same purpose but bears a different title e.g. “Operating agreement” in place of “articles of organization”.**

1. Application must be legible, each question must be answered completely and signed by the applicant (Licensee of Record)
2. *Clerk’s certification at the end of the application must be filled out by the clerk of the corporation (LLC manager) showing the names and addresses of all officers/managers of the company. (Licensee must be an officer of the business or manager in LLC and listed as such on the Secretary of State’s site as one of the principally listed positions)
3. A copy of the original certificate of Organization, Stamped by the Secretary of State’s office whether in MA or from out of state shall be submitted together with the application in all instances. Copies of amendments may be submitted in addendum.
4. If a DBA name is also registered locally submit a copy of the DBA certificate.
5. The Certificate of Organization as filed with the Secretary of the Commonwealth shall state that the business is organized “to conduct or engage in the electrical contracting and installation work, including but not limited to Alarm Systems” (For Electrical businesses). Or “to conduct or engage in the Fire Warning and Security Systems installation work” (For strictly Alarm businesses). If not, an amendment shall be filed with Secretary of the Commonwealth of Massachusetts and a copy shall accompany the original Certificate of Organization.
6. *A stamped copy of the Foreign Certificate (if an out of state business) as filed with the Secretary of the Commonwealth of Massachusetts shall be submitted together with the application.
7. *A copy of a change in the corporation’s Corporate Officers as filed with the Secretary of the Commonwealth of Massachusetts shall accompany the application if a new qualifying officer is being substituted in place of the previous qualifying officer. (Stamped copy as being deposited with the Secretary of State’s Office)
8. Submit a letter signed by the Licensee addressing the Board requesting that the license be granted in the name of the business

9. Application fee of \$233.00 made payable to the Commonwealth of Massachusetts (Do not send cash)
10. Hand in the Master or Systems Contractor original and current wallet license with the application. **If no license is sent in, the application may be delayed.** If the license was not renewed the resulting license will still be printed with the expired date. Renewing the license is separate from this application. If the license was lost your sworn affidavit must be submitted in place.
11. **Limited Liability Corporation** –see 237 CMR 23.01
 - Proof of minimum insurance coverage in an amount of at least fifty thousand dollars (\$50,000.00) multiplied by the number of individual licensees employed by or who are officers of the LLC; or
 - in an aggregate amount of at least one-hundred fifty thousand dollars (\$150,000.00) multiplied by the number of individual licensees employed by or who are officers of the LLC.
 - An LLC or LLP must notify the Board within five (5) business days if its insurance coverage is cancelled or otherwise interrupted.

Master or Systems Contractor Partnership license certificate

1. Submit a letter signed by the Licensee addressing the Board requesting that the license be granted in the name of the partnership.
2. A copy of the Certificate of organization Stamped by the Secretary of State's office whether in MA or from out of state shall be submitted together with the application in all instances.
3. Application fee of \$233.00 made payable to the Commonwealth of Massachusetts (Do not send cash)
4. Hand in the Master or Systems Contractor original and current wallet license with the application. **If no license is sent in, the application may be delayed.** If the license was not renewed the resulting license will still be printed with the expired date. Renewing the license is separate from this application. If the license was lost your sworn affidavit must be submitted in place.
5. **Limited Liability Partnership** –see 237 CMR 23.01-Proof of minimum insurance coverage (\$50,000.00) or more multiplied by the number of individual licensees employed by or who are partners of the LLP or in aggregate of one-hundred fifty thousand dollars (\$150,000.00) or more multiplied by the number of individual licensees employed by or who are partners of the LLP by deposit in trust or in bank escrow of cash, bank certificates of deposit, or United States Treasury obligations; or a bank letter of credit or insurance company bond.
 - An LLC or LLP must notify the Board within five (5) business days if its insurance coverage is cancelled or otherwise interrupted.

Individual Master or Systems Contractor removal of Company

1. A copy of the letter of resignation, termination or death notice shall be submitted with the individual application notifying the Board as to the date the said officer withdrew from the business.
2. In the case of dissolution the qualifying officer of the partnership must send a letter with the application to the Board stating the date the partnership dissolved signed by all partners.

3. If continuing as a DBA name that is registered locally, submit a copy of the DBA certificate with the application.
4. Application fee of \$233.00 made payable to the Commonwealth of Massachusetts (Do not send cash)
5. Hand in the Master or Systems Contractor original and current wallet license with the application. **If no license is sent in, the application may be delayed.** If the license was not renewed the resulting license will still be printed with the expired date. Renewing the license is separate from this application. If the license was lost your sworn affidavit must be submitted in place.

**The Board meets the fourth Monday of each Month (May be scheduled alternately in case of holiday)
See website for schedule. Applications must be in the Board office at least two weeks prior to the Board meeting date. Any applications not in compliance with the instructions stated, will be returned or may be held pending receipt of all proper documentation.**